Case 1:08-cv-01413

Document 3

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7/18/02

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MAR 1 0 2008 acm

MOC 10, 2008

MICHAEL W. DOUBLIS

CLERK, U.S. ENSTRUCT COURT

## IN FORMA PAUPERIS APPLICATION AND

Michael Ander sov

FINANCIAL AFFIDAVIT

Paul Howard Ston 2120/ Defendant(s) 08CV 1413 JUDGE NORGLE MAGISTRATE JUDGE SCHENKIER

and provide I, (other without full declare that the complain	is included, please place an ation than the space that is put the additional information. In the above prepayment of fees, or I am unable to pay the cont/petition/motion/appeal testions under penalty of present that is presented in the space of the spa	Please PRINT:  Control  Please PRINT:  declare  re-entitled case. This in support of my mot  sts of these proceeding.  In support of this re-	that I am the affidavit constant of appointment and that I	Deplaintiff Detition titutes my application tenent of counsel, or	nuestion number oner Omovant of Droceed Oboth. I also
I.D. ;	you currently incarcerated # <u>260 7008 3948,</u> ou receive any payment fi	Name of prison of	□No r jail: □Van □Dta	(= - · · · ) Bo to Que	ŕ
2. Are y Mont	you currently employed? thly salary or wages: and address of employer	□Yes	1765 EANO	Monthly amount:	
a.	If the answer is "No": Date of last employment Monthly salary or wag Name and address of la	es:	nber		
ь.	Are you married? Spouse's monthly salar Name and address of em	□Yes y or wages:  pployer:	<b>□</b>		
or arry	from your income stated a one else living at the sais? Markan X in either "Y	me address received	more than \$	200 from any of the	a fallamilia
a. Amour	Salary or wages	Received by	$\phi$	□Yes	√N <sub>0</sub>

## 

	b.	□Yes	ĽN₀
	c.	□Yes	ĽΝο
	d.  Pensions,  social security,  annuities,  life insuracompensation,  unemployment,  welfare,  alimony or	maintenance or 🗌	child suppo
\$ 2001	Amount Received by	Constitution for the first of the second sec	LINO.
	e.	□Yes	[J]M <sub>0</sub>
	f.	_) □Yes	[2]1/6
4.	Do you or anyone else living at the same address have more that savings accounts?	ıl amount:�	?
-	In whose name held: Relationship to you	1:	
5.	Do you or anyone else living at the same address own any stock financial instruments?  Property:  In whose name held:  Relationship to you	☐Yes	[ZMo
6.	Do you or anyone else living at the same address own any real condominiums, cooperatives, two-flats, three-flats, etc.)?  Address of property:  Type of property:  In whose name held:  Amount of monthly mortgage or loan payments:  Name of person making payments:	□Yes	ĽÍNo
7.	Do you or anyone else living at the same address own any automorphomes or other items of personal property with a current market value.	ue of more than \$ ☐Yes	1000? ☑No
	Property:		
	Current value: In whose name held: Relationship to you		
	El whose name neid. Relationship to you	1	
8.	List the persons who are dependent on you for support, state your relindicate how much you contribute monthly to their support. If none, which was a support of the contribute monthly to their support.	check here 🛂No :	dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 13-12-18

Signature of Applicant

Michael & Anderson

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

## **CERTIFICATE**

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

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I certify that the applicant named herein Michael Anderson I.D. #2007-0082948 has the sum
of \$ on account to his/her credit at (name of institution)
I further certify that the applicant has the following securities to his/her credit: I further
certify that during the past six months the applicant's average monthly deposit was \$
(Add all deposits from all sources and then divide by number of months).
129/08 SIGNATURE OF AUTHORIZED OFFICER
StichaessonClu
(Print name)